

Asheville Police Department Security Alarm Permit Application

Please print and mark all appropriate boxes for alarm type. This form is used for both Residential & Business.

Name: Residence **or** Business where alarm is located: _____

Full Address: _____ Zip code: _____

Phone #s: Hm: (____) _____ Wk: (____) _____ Cell: (____) _____

E-mail: _____

Mailing Address: _____ Zip code: _____
(If different from above)

If this is a business please provide the following: Fax: (____) _____

Type of Business: _____ E-Mail: _____

Contacts: Please provide at least 3 local persons to notify in case of an alarm

Name: _____ key holder? () yes () no.

Phone #s: Hm: (____) _____ Wk: (____) _____ Cell: (____) _____

Name: _____ key holder? () yes () no.

Phone #s: Hm: (____) _____ Wk: (____) _____ Cell: (____) _____

Name: _____ key holder? () yes () no.

Phone #s: Hm: (____) _____ Wk: (____) _____ Cell: (____) _____

Neighbor **or** next door business information:

Name: _____ key holder? () yes () no.

Phone #s: Hm: (____) _____ Wk: (____) _____ Cell: (____) _____

Is this property rental? () No () Yes If yes, provide the following:

Landlord Name: _____

Phone #s: Hm: (____) _____ Wk: (____) _____ Cell: (____) _____

Alarm Information:

Monitoring Company: _____ Phone: (____) _____ () *Not Monitored*

Alarm Type (*mark all that apply*): Audible () Burglary () Fire () Hold Up ()
Medical () Panic () Other ()

Installing Company: _____ Phone: (____) _____

Special conditions: please list any information that will assist the officers in their safe response to your property.

(Examples: Unfriendly dogs, oxygen or other hazardous materials on the property, gravel drive with no marker, subject needed special medical attention, part time residence. Etc: _____

**Please mail to: Asheville Police Department, Attention Alarms Coordinator,
PO Box 7148, Asheville, NC 28802. Or Fax: 828-350-0083**